

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
2902a Sullivan Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether

In this community 33 yrs. /

3. (a) PRINT FULL NAME Annie Beckman

3. (b) If veteran, name was None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife. Henry H. Beckman 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 17, 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 9 21 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name Casper Schweppe

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Krewinghaus

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Beckman

(b) Address 2902a Sullivan Ave.

17. (a) Burial (b) Date thereof Aug. 8, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. AUG - 7 1941 (b) J. L. Erickson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2902a Sullivan Ave.  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6th, year 1941 hour 11:30 minute A.M. M.

21. I hereby certify that I attended the deceased from June 1, 1941, to Aug 5, 1941, that I last saw her alive on Aug 5, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chy. interstitial nephritis + Chy. myocarditis

Due to Semblity Hypertension  
Due to Arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature B. H. Tinker (M. D. or other)

Address 3121 N. Grand Date signed 8/6/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John A. Wilson....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

John A. Wilson

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**